

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Livingston Registration District No. 518 File No. 17366
Township _____ Primary Registration District No. 3026 Registered No. 71
City Chillicothe (No. _____) St. _____ Ward _____

2. FULL NAME Rev. Geo. William Mast

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred _____ yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Missouri E. Mast
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6th 1853
7. AGE YEARS 81 MONTHS 2 DAYS 12 IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME Geo. H. Mast

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Rosena Grouse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. W. W. Hume (ADDRESS) Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Pleasant DATE May 20 1934

19. UNDERTAKER F. B. Norman (ADDRESS) Chillicothe Mo

20. FILED May 21 1934 Donald B. Dewell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 - 1934

22. I HEREBY CERTIFY, That I attended deceased from April 23 1934 to May 18 1934
I last saw him alive on May 18 - 1934. Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

Endocarditis chronic Date of onset _____
7/2/34
Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) H. S. Dewell M.D. M. D.
(Address) Chillicothe Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 23 1934

